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No. 2.

REPORT OF A COMMITTEE OF THE SUFFOLK DISTRICT MEDICAL
SOCIETY ON CHOLERA IN BOSTON AND VICINITY
DURING THE YEAR 1866.

[Read before the Suffolk District Medical Society, and communicated for the Boston Medical and Surgical Journal.]

THE Committee of the Suffolk District Medical Society appointed to consider the subject of cholera as it occurred in Boston and vicinity during the year 1866, respectfully report, that, in order to obtain the fullest information upon the subject, they addressed to each member of the Society, and to a number of medical gentlemen living in the vicinity of Boston, the following circular:—

BOSTON, DEC. 8, 1866.

DEAR SIR,—The undersigned, a Committee appointed by the Suffolk District Medical Society, to investigate the history of the cases of cholera which have occurred within the District and in the vicinity during the past season, respectfully request you to aid them in this duty by a written reply to the subjoined inquiries, addressed to the chairman, at the "MEDICAL JOURNAL" office, Washington St., on or before the 15th inst.

LEONARD R. SHELDON, HENRY G. CLARK, SAMUEL L. ABBOT, WILLIAM READ, J. BAXTER UPHAM,	} Committee.
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To Dr. _____

1. Have you seen or treated any cases of cholera? If so, state—
2. The date of each, the name (or initials), age, occupation, and residence.
3. The symptoms, in the order of their occurrence, noting especially the following points, viz. :—
 - a. Preliminary diarrhœa.
 - b. Rice-water discharges and vomiting.
 - c. Cramps.
 - d. Blueness, shrivelled skin, &c.
 - e. Suppression of urine.
 - f. Absence of pain.
4. The treatment and result.
5. Had the persons affected been exposed—
 - a. By contact with other cases of cholera or diarrhœa?
 - b. By personal indiscretions?
 - c. By living in, or visiting unhealthy or infected places?
6. Have you known any other case to follow exposure to those under your care; to their dead bodies, or their effects?

In response to this circular seventy-eight (78) answers have been received, among which were reports of thirty-seven (37) cases of cholera, communicated by nineteen (19) gentlemen, of which the following table is a synopsis.

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No.	Name.	Profession.	Age.	Sex.	M. or S.	Date.	Residence.	Hygienic Influences.	Previous ex- posure, &c.	Premontory diarrhea.	Symptoms.	Result.	Duration.	Treatment.	Supposed exciting causes.	Subsequent cases.	Reported by.
1	M. H.	Team- ster.	40	M.	M.	April 5th.	Cherry street.	Bad.	None known.	None.	Usual symptoms.	Reco- very.		Stimulants and inhalation of chloroform.	Perhaps resis- tance.	None.	Dr. L. R. Sheldon.
2	Young man.			M.	S.	Last of May.	Port- land St.	Chamber bad.	None known.	None.	Violent cramps & suppression of urine. Ric- water vomiting and purging. Lividities and loss of pulse for several hours.	Reco- very.	24 hours.	Opiates; car- minatives; stim- ulants; friction.	Dose of mag- nesia sulph., & exposure to a draught in attic bed-room.	None known.	Dr. E. S. Shaw.
3	M. H.	Laborer.		M.		July 20th.	Davis street, Roxb'y.	Bad.	None.	Six hours.	Violent; of usual char- acter. Pulse not entirely ab- sent.	Reco- very.	Reac- tion, 4 AM, 21st. Tardy conva- lescence.	Friction; ex- ternal heat; stimulants; in- jection (subcu- taneous) of morphia, gr. 4, and repeated.	None known.	None.	Dr. L. R. Sheldon.
4	H. C.	Harness maker.	50	M.		July 21st.	7 Cot- tage, E. Boston.	Good.	None known.	Yes.	Usual symp- toms, but pulse did not fall. U. suppressed two days. No blue- ness of surface.	Reco- very.		Opil 1 gr. every hr, until vomit- ing, purging & cramps had ceased. Whis- key <i>ad lib</i> .	None known.	None.	Dr. P. M. Crane.
5	Mrs. A. F.		50	F.		July 23d.	96 Meri- dian St., East Boston.	Lives on marsh, but house well drain- ed & ven- tilated.	None known.	Vomit- ing and purging two days before.	Us. symptoms, but p. could be felt; blueness of surt, moderate. Skin of hands corrugated.	Reco- very.		As above. In- stead of whis- key, brandy; in- sinapism to epig- astrium.	None mentioned.	None.	"
6	Mrs. W.			F.		July 23d.	16 Bridge street.	Very bad.	None known.		Usual symp- toms.	Reco- very.	36 hours.	Rice-wat., well peppered; sul- phuric ether in min. v. doses in sq. 1 fl.oz. eve- ry hr. Beef-tea. Dry warmth to abdomen.	None known besides local hygienic influences.	None known.	Dr. H. G. Clark.

7	Mrs. R.		55	F.	M.	Aug. 16.	Border Street.	Favorable.	None known.	Alling several toms. U. sup-pressed. Pulse 1 day.	Usual symp-tons. U. sup-pressed. Pulse feeble.	Recov-ery.	Better in 24 hs., left chamber in 1 m.	Opiates; stimu-lants; external heat; and simu-lants.	None known. In '49, 7 deaths from cholera in adjoin. houses; at that time no drain, and 2 ft. stag. water in cellar. In 1850 drains were laid & the premises thor'ly cleaned	None.	Dr. D. V. Fols.
8	M. K.	Ma-chinist.		M.		Aug. 31.	86 War-ren St.	Not stated.	None known.	None.	Usual symp.; no collapse.	Recov-ery.	Not stated.	Astringents and opiates; friction with dry mustard.	Had worked unusually hard	None known.	Dr. Calvin Ellis.
9	Mrs. Brady.		40	F.	M.	Sept. 2.	Davis Street, Rox-bury.	Not dis-tinctly stated.	None known.	For a few hs.	Usual symp-tons.	Death.	7 hs.	"Restor-tives" with little or no effect.	None known.		Dr. G. J. Arnold.
10	Mrs. P. W.		43	F.	M.	Sept. 2.	E. Can-ton.	Favorable.	None known.	1 day.	Of the most violent character.	Death.	12 hs.	As above.	Over-fatigue during very hot weather.	None.	"
11	Miss A.			F.	S.	Sept. 3.	Fellows Ct.	Bad.			Violent.	Death.	12 hs.	Astringents, opiates, stimulants.	Case of Mrs. Kols.	"	"
12	Mrs. C. S.		44	F.	M.	Sept. 3.	Washt'n Street, near Rox-bury.	Residence within 10 rods of stagnant water.	None known.	None.	As above.	Death.	11 hs.	As No. 3, exc. morphine by mouth instead of by inj. Siph. acid drinks, injection of beef tea.	None known except proxim-ity to stag-nant water.	None.	Dr. I. R. Sheldon.
13	Miss P.		28	F.	S.	Sept. 5.	Chester Park.	Excellent.	None known.	None.	As above, but no abd. evac. till after death.	Death.	2 ds.	Calomel with morphia, etc.	None known.	None.	"

No.	Name.	Profession.	Age.	Sex.	M. or S.	Date.	Residence.	Hygienic influences.	Previous ex-posure, &c.	Premontory diarrhoea.	Symptoms.	Result.	Duration.	Treatment.	Supposed exciting causes.	Subsequent cases.	Reported by.
14	Mr. A.	Clerk.	19	M.	S.	Sept. 6.	Chester Park.	Excellent.	None known.	None.	Violent, but pulse not quite extinct.	Reco-very.	Reaction in 12 hs. Tardy conval.	As in all this reporter's cases, except No. 13.	Imprudence in diet and drink. Took 4 qts. lemonade day before attack.	None.	Dr. L. R. Sheldon.
15	Mr. F. Laborer.		40	M.		Sept. 7.	3 Rock-ingham Ct.	Lives on marsh — well drain'd, open to air.	None known.	12 hs.	Usual symps., but no blueness or corrugation of skin; urine not suppressed, pulse not much reduced.	Reco-very.		As above, whiskey list. of brandy.	None known.	None.	Dr. P. M. Crane.
16	J. W. Goulet.	Seaman.	23	M.		Sept. 7.	122 Bre-men St. E. B.		Returned from Phil-adelphia while chol-era was there.	4 days.	Cramps very severe; rice-w. evac. by vom. P. almost imper-ceptible; skin cold, moist and livid; U. suppressed.	Death.	18 hs.	Chlorf. opium, capsicum, beef tea, brandy, friction.	None.		Dr. B. F. Campbell.
17	Mrs. Sillman, niece of No. 9.			F.	M.	Sept. 8.					Severe, but not fully reported.	Reco-very.	Reaction in 24 hs. Tardy conval.	Astringents, opiates, stimu-lants.			Dr. G. J. Arnold.
18	Mrs. Carr.			F.	M.	Sept. 8.			Took care of her daughter.		Severe; in col-lapse when first seen.	Death	16 hs.	As above.			"
19	Mrs. Kols, sister of No. 11.			F.	M.	Sept. 9.	Same h. as No. 11.		her sister's case.		Violent.	Death from react. fever.		As above.			"
20	Mrs. S.		40	F.	M.	Sept. 9.	Eaton Street, Roxb. near Boston.	In innu-merable neighb. of case No. 9. Davis St., where hy-gienic influ-ence are as bad as possible, fr. diarrh.	Had visit'd Mrs. B., who was sickn. whil. suffering as possible, fr. diarrh.	2 days.	Of the most violent character.	Death	30 hs.	Opiates and stimulants, etc. etc.	Locality of res. and prob. ex-posure to Mrs. Brady's case.	None.	"

21	Mrs. G.		35	F.	M.	Sept. 10.	Fellows Ct.	As bad as possible.	Liv'd next h. to 2 of Dr. Arn'd's cases.	None.	Violent, but pulse not quite extinct.	Reco-very.	Reaction in 12 hs. tardy conval. miscar.	As in this re- porter's other cases, and with small doses of cal. & morph.	Residence unhealthy.	None.	Dr. L. R. Sheldon.
22	James D	Shoe- maker.	40	M.	M.	Sept. 10.	Davis Street.	As bad as possible.	None.	None.	Violent.	Reco-very.	Reaction in 8 hs. slow conval.	As above,	Residence & excessive work in very hot weather.	None.	"
23	M. J. L.			F.	S.	Sept. 11.	Carroll Pl.	Very bad.	Boy in next h. died of sim. sympt 4 ds before. P's moth. w. him dly, & p. by him last day.	A few hours.	Usual symptoms.	Death	2½ hs.	Patient moribund; died in 15 min. after arrival of physician.	Contact with fatal case in next house.	None known.	Dr. A. B. Hall.
24	Mr. Sliman.			M.	M.	Sept. 13.					Violent.	Death	11 hs.	As in this re- porter's other cases.	The case of his wife.		Dr. G. J. Arnold.
25	A. A. Gould.	Physi- cian.	61	M.	M.	Sept. 14.	Boylston Street.	Good, ex- cept drain fr. a stable passes be- nth house.	None known.	6 hs.	Severe cramps, co- pioous flow, dis- face & his shrunk, livid, skin cold, clammy, no p. voice very feeble.	Death	11 hs.	Stimulants by mouth & per anum, &c.	Eating freely of pears.	None.	Dr. Samuel Cabot.
26	J. P.	Printer.		M.	M.	Sept. 17.	Brooklin Street, Canab- port.	Good.	None known.	None.	Usual symptoms. Collapse.	Death	24 hs.	Stim'nts, bran- dy, ext. heat, sinap. mod'ate opiates, carmin- natives & liquid nourishment.	None known.	P's wife died 2d d. after fr. chol. of 12 to 15 hs.	Dr. W. W. Wellington.
27	G. Sargent.	Team- ster.	37	M.	M.	Sent. 20.	17 Na- pier St.	Bad.	None known.	2 or 3 days.	Usual sympt's; no pulse; skin shrivelled & of a leaden hue; voice husky.	Death	About 12 hs.	Stimulat. mix- ture, frict'n & sinap. to abdo. Case from first re- gard'd hopeless	Residence.	None	Dr. A. J. Fenn.
28	J. L. W.	Physi- cian.		M.	S.	Sept. 25.	140 Com- mercial St.	Exp. daily to emana- fr. sewer open g into dock opp. Filthy wa- ter closet.	None known.	10 or 12 days.	Usual sympt's; ext. precordial oppres's; com- plete aphonia. Urine suppress- ed 20 hours.	Reco-very.	24 hs.	Large doses of opiates and stimulants.	None known.	None known.	Dr. Jas. L. Williams.

No.	Name.	Profession.	Age.	Sex.	M. or S.	Date.	Residence.	Hygienic influences.	Previous exposure, &c.	Premontory diarrhoea.	Symptoms.	Result.	Duration.	Treatment.	Supposed exciting causes.	Subsequent cases.	Reported by.
29	N. G.	Seaman.	26	M.	S.	Sept. 25.	308 Hanover Street.		None known.	2 or 3 days.	As usual.	Death.	48 hs.	Ammonia in camph.-water; brandy & hot water.	Very intemp.; attack complic. with del. trem.	One. See below.	Dr. James Ayer.
30	P.	Piano-forte key maker.	40	M.	M.	Sept. 28.	Myrtle Street, Roxb'y.	Good.	Not previously exposed.	Slight part of 1 day.	As usual, but cramps not very svr. No ur. for 48 hs. P. abs. at times.	Recovery very.	12 hs. Convul. rapid.	Tr. opii, heat to surface, rest, good nursing.	None known.	None known.	Dr. B. E. Cotting.
31	S. G.	Teamster.	28	M.	M.	Sept. 30.	338 Hanover Street.		Case of his brother, No. 27.	12 hs.	As usual.	Death.	34 hs.	Tr. op. by mouth and inj. Alkaline mixt. brandy, eth. beef-tea, cof. &c.	Ice cold veal & ox-tail soup alternat. diarrhoea commenced.	One, that of his wife.	Dr. James Ayer.
32	Mrs. B. W.	Widow.		F.		Sept. 30.	Wash'tn St. near Roxb'y.	Walls in r'm moldy fr. leaky sink in r'm above; filth.	None known.	1 day.	Violent, but P. not quite extinct.	Recovery very.	Reaction in 12 hs. Tardy conval.	As in other cases of this reporter.	Over-fatigue & heat after diarrhoea commenced.	None.	Dr. L. R. Sheldon.
33			35	M.		Oct.	Rear of 93 Prince Street.	Very bad.	None known.	Yes.	Usual sympt's; had been in collapse 6 hours.	Recovery.	1 week.	Ext. warmth & stimulants.	None known.	None known.	Dr. A. B. Hall.
34	A. de Silva.	Seaman.	33	M.	M.	Nov. 4.	10 Cooper St.	Not bad.	None known.	1 day.	Usual sympt's severe; suppr. of urine 3 days, & no pulse most of the time.	Recovery.	10 days.	Moderate opiates, bismuth, stim'ls, snup. Temp. of room kept at 96-100°.	Imprudence in eating the previous night; lived v'ry near Carroll Place.	None known.	"
35	V. Angur.	Mechanic.	25	M.	S.	Nov. 15.	20 Salem St.	Good.	None.	Several days.	Usual sympt's; cramps severe; rice-water dis.; n. suppressed.	Death.	17 hs.	Brandy & cap-sicum in liberal doses; camph., liq. potassate.	Was in habit of visiting privies of the B. & M. R. R. Depot.	None.	Dr. Eli Thayer, Jr.
36	W. E. Townsend.	Physician.	46	M.	M.	Nov. 16.	Beacon St.	Excellent.	Visited fatal case of cholera a prior to fast sick times, occ. faint'g.	Had several acts of in sun't cold & livid; ur. prior to suppr.; no p. at times, occ. faint'g.	Usual symps, rice wr disc. with slight odor; surf. cold & livid; ur. prior to suppr.; no p. at times, occ. faint'g.	Death.	About 30 hs.	Opium by mouth, sauc. inj. of mor., and brandy, ar. annu., acid sulph.	Had visited a cholera patient twice.	None.	Dr. Chas. E. Ware.
37	E. A. S.		38	F.	M.	Dec.	High Street, Malden.	Excellent.	None.	2 hs.	Usual sympt's; severe cramp; urine totally suppressed.	Recovery very.	24 hs.	Dry heat & snup.; brandy & capsic.; op., cam. & beef-tea.	Eating fresh pork once a day for 2 weeks previously?	None.	Dr. W. G. Wheeler.

The reports of these cases, most of them quite full, have been carefully considered by the Committee, and the opinion of the Committee was taken upon each of them by vote. They unanimously agreed that all of them should be classed as cases of Asiatic cholera.

The following is the account of the case of Dr. A. A. Gould, by the attending physician, Dr. Cabot:—

Dr. Gould had been as well as usual and attending to his business, when about noon of Friday, September the 14th, he had two watery discharges from the bowels. During the afternoon he had three or four more copious discharges of the same character. Between 6 and 7 o'clock vomiting began, and shortly before 8 o'clock very severe cramps occurred in the feet and calves of the legs. About quarter past 8 he had a very copious discharge, more than half filling the vessel, presenting the rice-water appearance, *but having some fecal odor*, and containing some small particles of fecal matter stained with bile. In the course of an hour these symptoms were gone, and the patient seemed quite comfortable and had a good pulse. He had no more diarrhœa or cramps or vomiting, except that he vomited a dose of aqua ammoniæ. There remained an unpleasant coldness of the hands, and from that time the patient steadily failed. At 2, A.M., he was in collapse—the face and hands shrunken and livid, the skin cold and clammy, the radial pulse absent, the voice almost inaudible. He was restless and uneasy, took ether occasionally—apparently to relieve the uneasy and distressed feeling which accompanies collapse—and notwithstanding the coldness of the skin, could not bear the encumbrance of the bed-clothes, even the lightest.

All efforts at restoration by the stimulants administered, both by the mouth and per anum, were without effect. He continued steadily to fail, and died at 5 o'clock, A.M., Sept. 15th.

According to request, the Committee have examined specially the case of Dr. Gould, and in addition to the above facts would remark that he possessed a frail constitution, and had suffered many years from indigestion. He had, only a few days before his last sickness, two attacks of vertigo, the latter being so severe that he fell upon the sidewalk near his own house, and was carried in by persons who happened to be passing at the time.

The Committee are informed, also, that he had been eating very freely of pears, and that he himself attributed his attack to this circumstance. Notwithstanding his bodily infirmities, his mental powers remained intact, and his love for scientific pursuits grew with increasing years.

We can learn of no exposure to cases of cholera or choleraic diarrhœa to which we can ascribe his disease, nor of any cases that occurred subsequently to his in consequence of proximity to him during his sickness, or to his remains after death. This Society will

well remember how many friends stood mournfully around him and paid their last respects to one who while he lived was loved and honored by all who knew him, and who adorned the profession to which he belonged.

It is also a fact to be remembered, that, as the result of an autopsy made by Drs. Langmaid and Swan, the internal organs, excepting the intestines, showed an almost entire absence of fluids, and that the bladder was empty and contracted; also, that epithelium was found floating in the small amount of fluid which remained in the stomach and bowels.

In the opinion of your Committee, the history of Dr. Gould's sickness embraces all of the necessary symptoms of a case of genuine Asiatic cholera.

The Committee also feel it important to state that there is a livery-stable directly in the rear of Dr. Gould's late residence, and they are informed that the drainage of this stable passed under the house; and, also, that Dr. Gould spent a large portion of his time in his office, upon the lower floor of the house.

The case of Dr. William E. Townsend, which possesses also a painful interest, was reported at the meeting of the Suffolk District Medical Society, held Nov. 29th, by Dr. C. E. Ware, as follows:—

Dr. Townsend had, during the past summer, been less well than formerly. He had not taken his usual vacation, and had had a good deal of night-work. Friday, the 16th of November, he attended a funeral. Two days previously he had made a visit to a fatal case of "cholera." Dr. Ware was called to see him on Friday, at 5½, P.M. He had eaten his dinner as usual. He had had no diarrhœa previous to his attack, but had felt somewhat feeble. The attack began with vomiting and diarrhœa. When seen, he had had several dejections and vomiting, which did not yield to simple treatment. The discharges were watery, with marked fœcal odor and color. He vomited immediately after a dose of opium, and then got, over the abdomen, a subcutaneous injection of morphine, which gave no relief. The skin was warm and natural; the pulse accelerated—half an hour afterwards almost imperceptible. An injection of meat-tea, laudanum and brandy was administered, which was retained. Half an hour afterwards, he vomited for the last time. Coldness began half an hour before the cessation of the diarrhœa, and gradually increased, and lividity came on. Pulse almost gone. Great faintness.

At 7½, P.M., the pulse was entirely gone, and for an hour or two did not return. The patient took food and drinks—dilute sulphuric acid—and coffee, which he relished much. He was in this condition till—

9½ o'clock, when there was a slight return of warmth, but no pulse. The lividity and faintness continued, though the latter was less marked. Then the pulse began to return. Mind perfectly clear. Continued in this way through the night. Had two dejections, wa-

tery, with rice-water appearance, but having slight odor. No sleep. Pulse off and on.

In the morning at 8½ o'clock, the pulse was constant, though very slight. No dejection after 3 or 4 o'clock, A.M. No nausea. Occasional cramps, not severe. Continued in this way during the forenoon. Urine not passed after 3, P.M., of the day before.

He was last seen at 11½, A.M. Complained of asthma (to which he had been subject for many years), and was using a cigarette. His condition looked then as favorable for rallying as at any time; three quarters of an hour afterwards he was dead.

The slight reaction at 10 in the evening was imperfect. In the morning there was a little more. The skin was better; lividity of face less, of hands the same. The face was shrivelled throughout the forenoon. The patient looked as if possibly he might recover.

[To be continued.]

EPILEPSY FROM LEAD POISONING.

[THE following case, addressed to Dr. H. I. Bowditch by letter, was read by him at the meeting of the Suffolk District Medical Society on the 26th ult., and by him communicated to us for publication.—Eds.]

My boy, Frank, was eight years old on the 8th of September, 1865. Has always been of more delicate formation than his twin brother; bones smaller, weight two or three pounds less. We consider him as having the most delicate and susceptible nervous system of any of our six children.

The latter part of September, 1865, his brother reported that at school he had fallen, and, according to his description, was convulsed. (It subsequently appeared that some days previously he had a similar attack while amongst his playthings in an attic room, when his brother noticed him lying on the floor and acting strangely, and asked him "What he did so for?" He replied, "He did not know." Neither of them thought enough of it to report it until after the attacks became frequent.)

The evening of the day of the attack at school, the nurse called his parents, after he had been asleep, saying that he was breathing strangely. Nothing abnormal appeared when we arrived, but I seated myself in the adjoining room, and in the course of an hour heard the heavy and laborious breathing, and found him in a convulsion, which continued not over a minute. The eyeballs were distorted and the body and arms flexed spasmodically.

These attacks numbered seven or eight daily, and in the course of two or three days amounted to fifteen daily, which number daily continued until the middle or latter part of the following February, having, however, once numbered twenty-two or twenty-three in twenty-

four hours; but this was when the attacks were not the most protracted nor the most brief.

The duration of each attack varied at different periods, from (I should judge from memory, never by the watch) one third of a minute to one and a quarter or one and a half minutes. They did not vary *much* in duration and severity usually during a period of twenty-four hours, but did in a period of weeks. The heavy, labored, almost stertorous breathing was our first admonition during the early attacks (when he has asleep); soon this ceased, and during the last month or two this symptom occurred only at the close of the convulsion, and was our first notice of its subsidence. Indeed, I remember failing to discover any sign of respiration during the greater part of an attack in some of the later weeks. Some other symptoms varied in like manner, as to order, during the whole period. A small quantity of saliva ejected from the mouth terminated many of the attacks—perhaps one fourth of them. The turning in of the thumb upon the palm was sometimes noticed, but was not always or uniformly the case, while I think the strong flexion of the fingers was a usual accompaniment.

The strong contraction of the muscles of the back and back of the neck, at the termination of the convulsion (spoken of by Tanquerel), was noticed during the severer attacks, but did not accompany the lighter attacks. During the night attacks he was always placed in a sitting posture, to elevate the head. Throughout the whole period of more than four months, I failed to discover the blue line on the edge of the gums, spoken of as appearing in lead poison. But the yellowish color of the teeth was quite apparent. One other characteristic spoken of by Tanquerel, was well marked in this case. It was the approximation to recovery, and diminution in force of the attacks, so as to excite strong hopes of a speedy and complete restoration, and then a return of all the symptoms in their severity, to be followed by another amendment—what I should call getting up three feet and falling back two.

Early in November there was some want of power of speech soon after a night attack—the little fellow crying bitterly at his inability to inform us of his desire for the vessel. This, in a less degree, may have been noticed two or three times only; but by the last of November a foot began to drag, and soon he could only creep about “on all fours.” He had also lost in looks of health very much in two weeks. The hand of that side was also soon affected; he could not button his clothes or cut up his food, and was carried up and down stairs. He had as many attacks during the day as night, during the severer state of things. Soon he regained his power of his limbs, and the attacks diminished in severity and were confined mostly or entirely to the night. He could accompany me to the village on foot (one eighth of a mile), and if I stopped to talk with a friend, would enjoy prancing back and forth, as boys do when they “make

believe horse," his appearance being merely that of a boy who had been sick and who had not regained full health. Again, the paralysis returned and the necessity of creeping, but I think the hand this time was only slightly affected. A subsequent amelioration took place in February. The day and night convulsions became more brief—some of them not over one fourth or one third of a minute in duration—and during that month disappeared altogether. He has (Jan. 18th, 1867) had no attack since then.

It was just about a year ago that I suspected the cause, and the well-water was examined by Dr. James C. White, of Boston, who reported, Jan. 17th, 1866, "a considerable amount of lead" in both of the specimens (one drawn in the morning, the other at noon)—more in that drawn early in the morning, "but that taken at noon was also impregnated with it in a highly dangerous degree."

I immediately confined the boy's drinking of water to the rain-water from our brick cistern in the cellar, having it dipped from the top, for the faucets near the cellar and wash-room floor were joined to lead pipe which passed through the two courses of brick. This was about four and a half or five weeks prior to the cessation of the convulsions. As speedily as possible, I had the pipe in the well replaced by one of galvanized iron, but owing to the ground between the house and well being frozen to the depth of over two feet, and all obtainable hands being busy at cutting ice, it was not changed until the 2d or 3d of February last, and the final convulsions were about from the 20th to the 25th of that month.

The attacks in the day-time were without premonition; sometimes he thought he had a slight dizziness a moment before, but was unable to notify us. To us the attack seemed instantaneous; as, when as cheerful as usual (talking the moment before), he would fall to the floor from his seat; once, when standing by the dinner table chatting with his brother, he fell backwards, turning one quarter around, the arms and neck contracting, otherwise at full length, striking his head against a sheet-iron stove. Twice again, I remember, when standing, he fell *full length* backwards, and as suddenly (from perfect consciousness) as if struck by a heavy blow upon the head—once striking his head against a window-sill eight inches above the floor, and in the other case against a door-sill over which he had just passed.

After his recovery, his twin-brother frequently complained, for a month or two, of severe pains in the front of the leg, and previously my eldest boy (then 16) had suffered in the same way. With these exceptions, none others of my family were affected by the lead pipe; these may possibly have been the effects of the lead.

As to the treatment adopted in this case. Worms were at first suspected as a possible cause; treatment for which manifested nothing but a perfectly healthy state of excretions. After various treatment, bromide of potassium was used and from time to time resumed, without any apparent effects, when, at Dr. Jeffries's suggestion

as of possible benefit, we used strychnine. It was commenced, I think, when he was in the worst condition of paralysis, and the amendment which soon followed I naturally attributed to the strychnine; but when, after restoration of the use of his limbs, he again grew worse and could only creep upon the floor, I again used the strychnine, it did not seem to produce any perceptible effect, and was discontinued or only occasionally resorted to, and the subsequent amendment took place long after that or any other medicine was used; so that I queried whether the first amendment was not coincident with the use of the strychnine rather than an effect of it, as I at first confidently supposed.

The greater disposition to laugh and cry uncontrollably was the only remaining symptom of a deranged nervous system during several months after his restoration, and he bore porter well, except that when, in early summer, the weather became cool, it became necessary to suspend it, as both tonics made him a sort of crazy nuisance in the family. Since then he has only had porter in the most extremely hot days.

I think he is now as strong and well as he ever was, except, perhaps, an occasional manifestation of too great susceptibility beyond what he formerly possessed (always greater with him than with the other children), in sometimes crying or laughing at trifles.

Dr. Jeffries has called my attention to the fact, that in the Paris Hospital Reports, quoted by Tanquerel, out of the nearly fifty cases of this form of lead poison, not one case is given as produced by drinking water impregnated with lead. All were either workers in some form of lead, or persons exposed to its fumes—enamelled card manufacturers, &c. The fumes from a room occupied by some such artisan in lead seem to have, in one instance, affected the occupant of a room directly above, and produced a marked case of lead-poison, but which form of it I forget. I have heard of the occupant of a counting-room in Boston and his clerks experiencing the effects of the poison from casks of white lead stored in the room or cellar directly beneath the counting-room.

Yours truly,

Bridgewater, Mass., Jan. 19, 1867.

LEWIS S. HOPKINS.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY CHARLES D. HOMANS, M.D., SECRETARY.

Dec. 10th.—*Very extensive Fracture of the Skull.*—Dr. COOLIDGE reported the case.

A boy, 9 years old, was struck on the head by a piece of timber four feet long and six inches square, which was used to fasten the scaffolding of a new building to the wall. It fell from a height of about twenty-four feet, striking the boy directly on top of the head; he was

brought immediately to the City Hospital, where he died in a short time. There was an ecchymosis extending across the head, three inches long and half an inch broad; the whole scalp over the vertex was swollen and doughy, but the skin was nowhere broken. The autopsy was made by Dr. SWAN, who has furnished the following account:—

Autopsy.—The scalp was very much thickened by an infiltration of blood and serum, generally in two distinct layers, the former nearest the skull. Centred on the median line and occupying the parietal bones, was a roughly circular mass of fractures a palm's breadth in extent. There were five principal fragments, four of which were entirely surrounded by lines of fracture, while the posterior curve of the circle, instead of completing the fifth fragment, passed over the middle of the right parietal, tearing the dura mater and the brain beneath to the extent of two inches, and terminating by two branches on the floor of the skull, before and behind the petrous bone. The mastoid cells on that side contained effused blood. From the middle of the sagittal suture a line extended directly backwards, passing through the occipital bone and terminating a little to the left of the foramen magnum. The anterior extremity of this, the longest independent line, curved to the right, and was lost under the temporal muscle, which was bruised and ecchymosed. Under that portion of the sagittal fracture behind the mass of fragments, the longitudinal sinus was lacerated for two inches of its course, in part of which its cavity was laid open. The central fragments were depressed, and their impression was left upon the surface of the brain, whose substance was firm and whose convolutions were much flattened, particularly in the left hemisphere. Scattered ecchymoses were numerous in the gray substance of the upper parts of both hemispheres. Beneath a perforation of the dura mater on the left side, was an apoplectic clot the size of a filbert. There was effused blood upon the upper surface of the brain and beneath the right half of the cerebellum. The ventricles and base of the brain were uninjured.

The blow seems to have been too sudden and forcible for the effects of *contre coup*.

Dec. 10th.—*Fatty Degeneration of the Placenta; Successive Miscarriages.*—Dr. J. P. REYNOLDS reported the case.

Q., a strong, well-made American woman, 33 years old, was delivered of a dead male child, about eight months advanced, on the 7th instant. The woman had had no previous illness. The only child of a former marriage is now living. She was married to her present husband six years and a half ago. Since that time she has had five confinements—at six and a half months once, at seven months twice, and at the term, in July of last year. The last-named child lived two hours, and then died without known cause; the earlier children were all stillborn. One month before the first labor she had received a severe blow upon the abdomen.

Until the present time she has employed a midwife, and cannot state whether there was at the other births any disease of the placenta. The first child and the second were thought to show evidence of being some time dead. There had been irregular uterine pains for several days before delivery. Three days previously to it, the foetal movements, which had been growing feeble, ceased. No distinct proof of life could be obtained by auscultation. The head presented

in the first position. The pains were efficient, the labor rapid. The dependent portions of the fœtus, when expelled, were of a bluish color. There was no pulsation in any part of the cord. The child was well developed, measured seventeen inches, and the skin everywhere in a sound condition. All efforts at resuscitation failed.

A large portion of the placenta was in a state of well-marked fatty degeneration. There was no reason to suspect the existence of any venereal taint in either parent.

JAN. 14th, 1867.—*Rachidian Meningitis*.—Dr. BORLAND reported the case, so called to isolate it from the cases of epidemic cerebro-spinal meningitis.

R. N., æt. 25, machinist by trade, entered the City Hospital on the 29th of December. Has spina bifida over fourth lumbar vertebra. Always weakly, and inclined to attacks of diarrhœa and dysentery. Had prolapsus ani until ten years of age. When 14 years old, he fell and ruptured the sac over spina bifida, and was sick in consequence for six months; symptoms then not ascertained. He recovered, and was well enough to serve nine months in the army, and seventeen months as engineer in the navy. Had dysentery when in the army. He left the navy one year ago, and since that time he has felt less well. During past few months he has worked as machinist in Charlestown Navy Yard. The work was hard, and he felt much weakness, especially in the back. Dec. 16th, he rode to his home at the South End, on the top of an omnibus, thinly clad, and then began to have pain in his back—first felt at lower part, gradually extending upwards, and preventing his lying down. In two or three days he had retention of urine, which was scanty, high colored, and was passed with difficulty, occasionally requiring catheter. For a week before entrance he had headache, insomnia and delirium, which was more intense at night, amounting to an active mania. For three days before entrance his head was constantly thrown back; once or twice he had slight opisthotonos. Bowels were constipated. At entrance there was a general tenderness of entire length of spine, but much more strongly marked about the scar of the spina bifida. His constant position in bed was on his right side, with his head thrown far back. The cervical muscles were relaxed. Bending the head forwards caused great pain. In evening, noisy, active, restless delirium came on. He was ordered, *R.* Potass. bromidi, \mathfrak{z} i., every two hours. *R.* Tinct. hyoscyami, \mathfrak{z} i., three times in night.

Dec. 30th.—No apparent effect from medicine during the night, but was quiet and rational at the visit, it being the first time I had seen him. Marked tenderness over lower dorsal and lumbar vertebræ; tenderness slight over cervical vertebræ, but pain is caused on moving head. Cannot micturate when lying in bed; when standing up for this purpose, in erect posture, so that pressure is transmitted from the heels through the spine, general, universal convulsive action is excited, the patient requiring the aid of an assistant to prevent his falling. The convulsion ceases when standing on the toes, leaning forward, resting his weight on his hands. Effort of rising leaves him pallid, exhausted, with temporary return of delirium. Pupils equal; wild expression of eyes. Emplast. belladonnæ was ordered, three inches by twenty-four inches, to be applied along the spine. Ext. belladonnæ, gr. $\frac{1}{2}$, every four hours, and ammoniæ valerianatis, gr. iij., every four hours, alternating with belladonna pills.

Dec. 31st.—Pulse 120. Left pupil more dilated than right. Tongue coated; brown at centre. Noisy; violently delirious through the night; more delirium through the day than yesterday. Slight muscular twitchings when in bed. Head less thrown back. No rigidity of cervical muscles. Urine loaded with albumen; phosphates increased; urea absent; a little pus; no casts or blood. Twelve leeches to spine.

Jan. 1st.—Again violent at night; is weaker to-day. Mind wandering. Convulsions on standing erect less marked, but a general trembling taking their place. Constipated. *R. Vini ergotæ, gtt. vi.* With the ergot, laxative enema.

2d.—Quieter night. Generally delirious on first attracting attention; responds rationally, but soon becomes incoherent. Convulsive action exists whenever patient stands up, or assumes a sitting posture. Micturition more difficult. Bowels still costive. To have magnes. sulph., \mathfrak{z} ss., and cider as a drink, freely.

3d.—Head more retracted than at any previous time. Delirious till 3, A.M.; since that time unconscious. Slight whispering, muttering; eyes half closed; muscular tremor; subsultus tendinum, with a pulse just perceptible, with irregular, hurried flutter, was his condition till his death, at 1½, A.M., of the 4th inst.

Permission for an autopsy was obtained too late to be availed of.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, FEBRUARY 14, 1867.

FEMALE PHYSICIANS.

THE following communication has been placed in our hands, with a request for its publication. The subject of which it treats has hardly been brought before the medical profession here in the form in which it presents it, and from motives of courtesy, if for no others, we are willing to give it insertion.

MESSRS. EDITORS,—Will you allow me, through your pages, to ask one or two questions of the medical profession, on a point sufficiently important to them and to the public.

The practice of medicine by women has the sympathy and aid of many physicians, the disapproval and dislike of others. But those who approve and those who object are alike obliged to acknowledge it as an established *fact*, which no desire or action of theirs can alter. Every year proves more clearly that women will study medicine, will receive legal qualifications to practise, and will be employed by the public. On these points the gentlemen of the medical profession have no choice whatever.

But the choice that does lie in their hands is whether they who fill the most honored posts in the profession will aid, control and regulate this movement, so as to bring out from it the best possible results; or whether it must go on in spite of them, they refusing to aid women in getting competent education, declining to give them the right hand of fellowship, and forcing them into a position of antagonism which is most to be deprecated for all parties.

I am quite sure that the most earnest women who study and practise medicine least desire that any standard should be lowered for them, or any vantage ground claimed on their behalf. All that they ask from their elder brethren are the means of competent education, thorough examination as to ultimate acquirements, and then, to those who prove themselves worthy, frank recognition and hearty coöpe-

ration in the practice of that healing art which ought surely to be unsullied by prejudices and unbarred by monopolies.

The questions, then, that I would ask are these:—Will the leaders of the medical profession coöperate in providing means for the thorough medical education of women? Will they judge them by exactly the same standard, and act to them on exactly the same principles, as would be the case with students and physicians of the other sex, leaving them to stand or fall on their own merits, neither helped nor hindered by preconceived opinions or foregone conclusions?

Yours obediently,

A FEMALE MEDICAL STUDENT.

With regard to the remark that the practice of medicine by women is an "established fact," and that therefore it becomes the medical profession to act in such a way as to deprive that fact of the danger inherent in it, by providing for a suitable medical education for female practitioners, we would remark, that as an argument it savors strongly of its feminine source.

"First, then, a woman will, or won't—depend on 't;
If she will do 't, she will; and there's an end on 't,"

risers involuntarily to our minds as we read it. As an *argument*, its force is limited, in our opinion, to the scope of this couplet. Treating it seriously, however, the argument would apply with equal force to any form of error, delusion or wrong, which is none the less to be combatted because it may have the sanction of those, even of the highest social position, and whom we are ready to admire and love for every possible quality but that judgment and wisdom, the absence of which is too often to be lamented in those who in all other respects are most admirable. An "established fact" may often, and will often, in the order of Providence take its place among the dreams of the past if left to work out its own destiny.

But looking at the question simply on its own merits, it does seem to us that the time has come for the medical profession seriously to consider whether in excluding female aspirants to the labors and honors which they have heretofore regarded as exclusively belonging to the sterner sex, they are acting with the spirit of wisdom and justice which should characterize an enlightened age. To a limited extent, it is true, established schools of medicine, even in this country, have admitted female candidates for a medical degree. One of the female practitioners of medicine now practising in Boston has a diploma from a Western medical school. In the Medical School of Paris, also, we are informed, women are not excluded on account of sex. The courtesies recently extended to Dr. Mary Walker in England by the medical profession are fresh in the memory of our readers; albeit there were circumstances connected with her appearance before an audience of medical students which might well deter any but a most heroic spirit from willingly submitting to the repetition of such an ordeal. It would seem to be time that the question as to the status of female physicians among us should be definitely settled by adequate authority. It is a question, as we had occasion to remark some time since, quite independent of that of the standing of any existing school for the exclusive training of female physicians. Our correspondent, if we understand her aright, by no means takes the position of champion of any such institution—quite the reverse. What she wishes is the privilege of entering either of our State Medical Schools on an equal footing with the young men who have heretofore been the only pupils of those institutions. She is ready to meet the trial, which must be indeed severe for one who leads the way in such an innovation. We submit her questions to the medical profession, bespeaking for them a courteous consideration.

Massachusetts General Hospital.—At the Annual Meeting of the Corporation of the Massachusetts General Hospital, held on the 6th inst., the following resolutions were unanimously adopted:—

Resolved, That the Corporation of the Massachusetts General Hospital desire to place upon their records an expression of their respect for the memory of the late Dr. Augustus A. Gould, a Visiting Physician of this Institution for nearly twelve years, and of their grateful appreciation of his professional services and personal qualities, to which the Hospital and its patients have been deeply indebted.

Resolved, That the Secretary be requested to communicate these resolves to the family of Dr. Gould, and to assure them of the sympathy of the Corporation in their bereavement.

The Corporation elected the following officers:—*President*, Robert Hooper; *Vice President*, Edward Wigglesworth; *Treasurer*, J. Thomas Stevenson; *Secretary*, Thomas B. Hall; *Trustees on the part of the Corporation*, James M. Beebe, Charles H. Dalton, Samuel Eliot, George Higginson, John Lowell, Henry B. Rogers, Charles S. Storrow, Henry A. Whitney.

Spasmodic Asthma.—In answer to frequent inquiries, we are permitted to state that the author of the article on Spasmodic Asthma, which appeared in the JOURNAL of January 17th, was our late lamented friend, Dr. William E. Townsend, of this city. Had his life been spared he would probably have extended his paper to a much greater length.

Physician's Daily Pocket Record. By S. W. BUTLER, M.D., Philadelphia.—We have received from the Editor of the *Medical and Surgical Reporter* a copy of his new Pocket Record. It contains a perpetual calendar, list of new remedies, classified list of medicines with doses and prices, a table of proportional quantities, a chapter on poisons and their antidotes, one on disinfectants, one on the treatment of asphyxiated persons, of medicinal weights and measures, a table for calculating the probable duration of life, a table of fees, one of signs, a visiting list, with index, one for calculating the period of utero-gestation, an obstetric record, a vaccination record, a record of deaths, and blank leaves for memoranda. The visiting list is so arranged that it will answer for a year from any date. In the list of medicinal agents the principal articles of the *Materia Medica* are classified by their therapeutic properties, and these are arranged alphabetically—a very convenient plan, and at the same time this part of the volume is reduced to the smallest possible compass. As a whole, Dr. Butler may be said to have been entirely successful in preparing a very convenient Pocket Record, less cumbersome than some now in use, while it contains about all that can ever be needed in daily practice.

Election of City Physician and Consulting Physicians.—The City Government have re-elected Dr. William Read as City Physician, and Drs. John Jeffries, Winslow Lewis, Henry G. Clark, Charles E. Buckingham, and D. H. Storer, Consulting Physicians.

Sulphite of Soda in Smallpox. MESSRS. EDITORS,—In the JOURNAL of the 7th inst., I notice an extract from a communication by Dr. Nichol, relative to the use of sulphite of soda in smallpox. During the late war, while I had charge of

the Post Smallpox Hospital at Smithland, Ky., I frequently made use of the same remedy, and, in upwards of forty cases in which I tried it, it proved to be of great advantage, both internally and externally. Applied to the pustules, in both distinct and confluent forms, it was of signal benefit in lessening the pitting, while it was a very soothing application on account of its refrigerant and antiseptic properties, which relieve the intolerable itching. A tablespoonful every two hours has produced a better effect than when given at longer intervals. I may say that the strength of the solution was the same as that of Dr. Nichol.

South Windham, Me., Feb. 11, 1867.

WM. WIRT PIPER, M.D.

The Injuries to the Eyes, to which Engineers and Boiler-makers are specially exposed. By G. LAWSON.—It is really distressing to witness the number of eyes which are lost yearly by some of the most intelligent of all our mechanics, and simply from the fact that they will not take the easy precaution of wearing a pair of protectors when engaged at work which jeopardizes the safety of their eyes. Experience is of little use in teaching them prudence, for having lost one eye from an accident incidental to their employment, they often return to the same work as soon as they have recovered, without using any protection for their single eye, and in several instances they have been brought to the hospital after a lapse of time, with it also destroyed by a similar casualty.

The boiler-makers are more liable to accidents than the engineers, and they are usually of a more severe character. In striking hot rivets and in cutting cold ones, fragments of the metal become detached, and fly off with such violence as often to penetrate the globe, or to inflict on it an injury which is either irreparable, or else, if the eye recovers, to leave it permanently a damaged organ.

I have lately had some efficient eye-protectors made by Mr. Pillischer, the optician, 88 New Bond Street, which may be purchased for the moderate sum of 5s. 6d. The only peculiarity about them is, that the glass front, instead of being of common glass, which is easily broken, is made of the best plate, 1-16th of an inch in thickness; the glass face is larger than in those commonly used by the men, so that the field of vision is scarcely interfered with, and the surrounding wire gauze is of the best material. They accurately cover the eye, and are maintained *in situ* by an elastic band around the head. They are efficient protectors, and would, if habitually worn by men who expose their eyes to constant danger, diminish to a very appreciable extent the number of eyes which are lost every year through the want of this simple precaution.—*Ophthalmic Hospital Reports, in Ophthalmic Review.*

Mortality of Childbirth as affected by the Age of the Mother.—The following are the conclusions on the subject arrived at by Dr. Matthews Duncan:—

1. Youthfulness has less influence in producing mortality from parturition than elderliness.
2. From the earliest age of childbearing there is a climax of diminishing puerperal mortality, succeeded by an anti-climax of puerperal mortality increasing till the end of child-bearing life.
3. The age of least mortality is near twenty-five years, and on each side of this age mortality gradually increases with the diminution or increase of age.
4. Above twenty-five years puerperal mortality increases at a much higher rate than it increases at corresponding periods below twenty-five years.
5. Though it is not deducible from anything in this paper, it is too interesting to omit noticing that the age of greatest safety in parturition coincides with the age of greatest fecundity, and that during the whole of child-bearing life, safety in parturition appears to be directly as fecundity, and *vice versa*.—*New York Medical Journal, from British Medical Journal.*

Cholera and Quarantine.—The *British Medical Journal* says, that it is the intention of the Egyptian government to institute precautionary measures against the importation of cholera by the Mohammedan pilgrims next year. The quarantine measures which it has been proposed should be adopted, have been framed

with regard to both vessels and caravans, and are to the following effect:—All vessels with pilgrims are to be subjected to interrogation, and if found to have had cholera on board, are to be sent to perform quarantine. All caravans are likewise, if necessary, to undergo quarantine, for which special accommodation is proposed to be provided. And should cholera break out in the Hedjaz, it is proposed that no communication between that province and Egypt should be allowed by sea.—*Medical and Surgical Reporter*.

Qualifications for a Surgeon.—Every aspirant for surgical honors is sure to be told early in his course by some kind friend or other, that to be a good surgeon a man must have a lion's heart and a lady's hand. Well—he looks down at a hand of anything but feminine proportion, and looks back to his sensations at the first operation he witnessed; and he is apt to conclude that he has chosen the wrong path in life. By-and-by he finds that by constant practice in the use of instruments his fingers have acquired a new delicacy and flexibility; and he finds, too, that as the source of the lion's courage lies in consciousness of strength, so the moral courage and firmness typified by the lion's heart, may come to him as sure results of better knowledge and training, and self-reliance. Uncertainty and ignorance can hardly produce anything but cowardice or rashness; true courage is associated with judgment and reflection.—*Medical Times and Gazette*, from an *Introductory Address at St. Thomas's Hospital*, Oct. 2d, 1865, by WILLIAM M. ORD, M.B. Lond.

Ribbon from Spider's Silk.—Dr. B. G. Wilder exhibited a yellow band of silk of the *Nephila plumipes*, a geometrical spider, which had been woven into the middle of a ribbon by a power loom. The thread consisted of many threads reeled directly from several living spiders at the same time, and doubled and twisted. The exact number of threads is not known, and the specimen was prepared and exhibited simply to show the entire practicability of reeling and weaving it.

He had found the bite of this spider to be entirely harmless, it having bitten a young kitten severely six times, drawing blood quite profusely. No ill effects were noticed after the immediate pain of the bite had passed away.—*Proceedings of Boston Society of Natural History*.

Free Public Baths in Boston.—The *Commonwealth* states that the Bathing Committee are already preparing for the summer campaign. An additional bath-house will be built and located in the vicinity of Federal Street and Mount Washington Avenue bridge, enlarged and exclusive accommodations provided for women and girls, and, if possible, permanent hot and cold baths and a wash-house or laundry be placed in the basement of the new charity building on Chardon Street. A further supply of public urinals, also, is to be asked of the city government.

From the Report of the Committee of the City Government on Free Bathing Facilities, we take the following statistics for the year 1866:—Whole number of men bathers, 100,913; boy bathers, 280,941; women bathers, 14,050; girl bathers, 37,786. Total baths given, 433,690. Cost of the West Boston Bridge Bath to December 1, 1866, \$4,213.04; Warren Bridge Bath, \$2,357.82; East Boston Bath, \$2,772.55; Arch Wharf Bath, \$2,712.72; South Boston Bath, 2,308.25; Dover-Street Bridge Bath, 3,039.67. Total cost, \$17,404.05. Average cost of each establishment, \$2,900.67½; of each bath given, 4½ cents.

Washingtonian Home in Boston.—From the Annual Report of the Superintendent and Physician of the Washingtonian Home for the Intemperate, in Boston, we learn that there were admitted to the institution during the year ending Dec. 31st, 1866, 349. Returned second time, 34; third time, 18; fourth time, 6; fifth time, 2. Average number of days which each patient has remained in the institution, 27; average cost of sustaining each patient while at the "Home," \$37.13.

Of those admitted there have been—Merchants, 56; clerks, 68; lawyers, 8; physicians, 6; clergymen, 3; printers, 11; actors, 4; chemists, 2. Balance comprising artists, mechanics, and one or more from almost every trade and calling, from the learned and scientific professions to the day-laborers.

In the Buffalo General Hospital the total number of patients treated since the opening, July 15, 1858, was 2894. Admitted during last year, 396; number of patients under treatment during the year, 456. Number of patients discharged well, 275; relieved, 89; not relieved, 27; died, 33; total, 424. Remaining December 31st, 1866, 32.

VITAL STATISTICS OF BOSTON.
FOR THE WEEK ENDING SATURDAY, FEBRUARY 10th, 1867.
DEATHS.

	Males.	Females.	Total.
Deaths during the week	45	43	88
Ave. mortality of corresponding weeks for ten years, 1856—1866	44.3	42.0	87.3
Average corrected to increased population	00	00	96.18
Death of persons above 90	0	0	0

JOURNALS AND PAMPHLETS RECEIVED.—Medical Record, Nos. 22 and 23.—Medical and Surgical Reporter, Vol. xvi, Nos. 1-5.—American Journal of Medical Sciences for January.—Medical News and Library for January.—Buffalo Medical and Surgical Journal for January.—Chicago Medical Examiner for January.—Cincinnati Journal of Medicine for January.—Medical Reporter, Nos. 21-23.—Nashville Journal of Medicine for January.—Richmond Medical Journal for January.—Atlanta Medical and Surgical Journal for January.—Galveston Medical Journal for May and June.—L'Union Médicale, Nos. 151-154, and Nos. 1-12 for 1867.—Journal de Médecine de Bordeaux, Janvier, 1867.—London Lancet (reprint) for January.—American Journal of Pharmacy for January.—Chemist and Druggist for January.—Journal of Materia Medica for January.—Detroit Review of Medicine and Pharmacy for January.—Druggists' Circular, January and February.—Boston Journal of Chemistry and Pharmacy, No. 4.—Dental Cosmos for January.—University Journal of Medicine and Surgery, Nos. 8 and 9.—American Eclectic Medical Review for January and February.—New England Medical Gazette for January.—Medical Investigator for January.—Herald of Health for February.—United States Medical Journal for January.—Hall's Journal of Health for February.—Phrenological Journal for February.—Proceedings of the American Pharmaceutical Association for 1866.—Third Annual Report of the Trustees of the City Hospital, Boston.—Thirtieth Annual Report of the Officers of the Vermont Asylum for the Insane.—Annual Report of the Trustees and Superintendent of the Wisconsin State Hospital for the Insane for 1866.—Eleventh Annual Report of the Births, Marriages and Deaths in the City of Providence, for 1865.—Medical Communications and Proceedings of the Connecticut State Medical Society for 1866.—La Maladie dans le Plan de la Crenation. Par le Docteur B. E. Cotting. Traduit par Gaston Garnier, Paris.—Œsophagotomy for the Removal of Foreign Bodies. By David W. Cheever, M.D.—Reports of the Directors and Superintendent of the Washingtonian Home, Boston, for 1866.

COMMUNICATIONS RECEIVED.—Otitis Externa; by Henry L. Shaw, M.D.—Report of the Operations performed in the Ophthalmic Department of the City Hospital, Boston, during the year ending December 31st, 1866; by Henry W. Williams, M.D.—Case of Facial Paralysis; by John H. Gilman, M.D., Lowell.—A communication on the Eustachian Tube; by Ephraim Cutter, M.D.

MARRIED.—At San Francisco, Cal., 14th ult., George H. Powers, M.D., to Miss Helen W. Hunt, both of San Francisco.

DIED.—At Ancram, Columbia Co., N. Y., Jan. 31st, Dr. C. Niver, aged 52 years.

DEATHS IN BOSTON for the week ending Saturday noon, Feb. 10th, 88. Males, 45—Females, 43. Accident, 2—anæmia, 1—apoplexy, 1—inflammation of the bowels, 1—congestion of the brain, 1—disease of the brain, 5—bronchitis, 3—consumption, 16—convulsions, 2—croup, 3—cystitis, 1—debility, 1—diabetes, 1—diphtheria, 2—dropsy of the brain, 2—scarlet fever, 4—disease of the heart, 2—hernia, 1—disease of the kidneys, 2—congestion of the lungs, 2—inflammation of the lungs, 8—marasmus, 1—measles, 2—old age, 3—peritonitis, 1—premature birth, 1—puerperal disease, 4—scalded, 1—smallpox, 8—syphilis, 1—teething, 1—unknown, 3—whooping cough, 1.

Under 5 years of age, 34—between 5 and 20 years, 12—between 20 and 40 years, 20—between 40 and 60 years, 8—above 60 years, 14. Born in the United States, 60—Ireland, 20—other places, 8.